

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035182

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 166

FILED OCT 8 1962

1. PLACE OF DEATH

a. COUNTY

JASPER

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

CARTHAGE

Length of stay in 1b

41 YEARS

c. CITY

OR TOWN

CARTHAGE

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

MCCUNE BROOKS HOSPITAL

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

412 E. 13TH. STREET

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

KATHRYN

First

JACOBS

Last

4. DATE OF DEATH

Month

Day

Year

SEPTEMBER 27, 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-1-08

9. AGE (last birthday)

54

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER CLOTHING

10b. KIND OF BUSINESS OR INDUSTRY

SMITH BROTHERS MFG.

11. BIRTHPLACE (City and state or country)

JASPER CO., Mo.

12. CITIZEN OF WHAT COUNTRY

U.S. A.

13a. FATHER'S NAME

ALBERT BICKNEL BENDER

13b. MOTHER'S MAIDEN NAME

RUTH BEDELL

14. NAME OF HUSBAND OR WIFE

JERRY GEORGE W. JACOBS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Jerry George W. Jacobs, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

LEUKEMIA, Lymphatic

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 24-62 to Sep 27-62 and last saw her alive on Sep 27-62

Death occurred at 6:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

MD.

22b. ADDRESS

PROFESSIONAL BLDG., CARTHAGE, MO.

22c. DATE SIGNED

9-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

10-1-62

23c. NAME OF CEMETERY OR CREMATORY

PARK CEMETERY

23d. LOCATION (City, town, or county)

CARTHAGE, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

ULMER FUNERAL HOME, CARTHAGE, Mo.

25. DATE RECD. BY LOCAL REG.

9-29-62

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59

6497

20497

3

4 1

5 1

6

7 0

8 2

92040

10

11

12 - 0

13 3 - 0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Melvin Savell

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.